SonoPath Teleradiology
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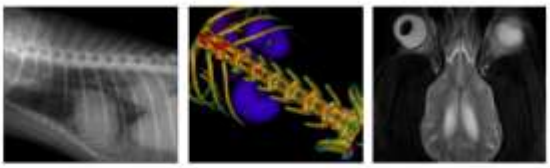

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Reddy Forkner

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

5 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Dr. Fugazzi

INVOICE

49484

DATE

1-12-22

PRESENTING CLINICAL SIGNS

Reddy was brought in for a sx consult for an open recurrent abscess over the last 4 months. Reddy has been treated with antibiotics 3 times with the last round ending 5 days ago. Wound area was smaller after the round of antibiotics but last night it swelled and filled puss again and opened larger.

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE & HIND LIMBS

Plain study and fistulogram available for review.

Please consider obtaining plain and post-IV contrast studies first and then eventually add a fistulogram. However, plain and post-IV contrast studies are the most important studies whenever causes of abscesses and fistulae such as foreign material are of main interest.

COMPUTED TOMOGRAPHIC FINDINGS

Extensive regional soft tissue swelling with fat stranding and skin surface defect is seen in the right flank. The fat stranding connects with the right hypaxial musculature. The right hypaxial musculature is asymmetrically swollen starting from the 6th lumbar vertebra up to the 2nd lumbar vertebra. Small mineral attenuating foci are seen within the musculature level with the 3rd lumbar vertebra.

A post-IV contrast study is not available. The fistulogram reveals the fistula with drainage tract from the 6th through the 2nd lumbar vertebra.

Mild retroperitoneal fat stranding is present. There is no direct evidence of peritoneal involvement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided sublumbar fistula with drainage tract opening in the right flank.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a sublumbar fistula within the right hypaxial musculature with a drainage tract in the right flank. The mineral attenuating foci may represent migrating foreign material after inhalation and migration through the lung and diaphragmatic crura is the most common cause of sublumbar fistulae. The small mineral attenuating foci within the sublumbar musculature may represent such foreign material; however, they may as well represent small foci of dystrophic mineralization which is common with chronic fistulae in this area. Hence, no definitive foreign material can be identified on the CT study yet the entire length of the sublumbar musculature appears to be involved and the origin of the fistula is level with the 2nd/3rd lumbar vertebrae.

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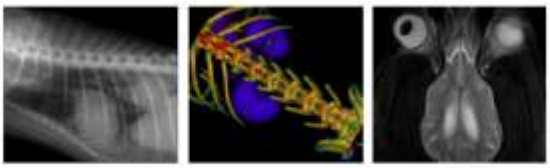

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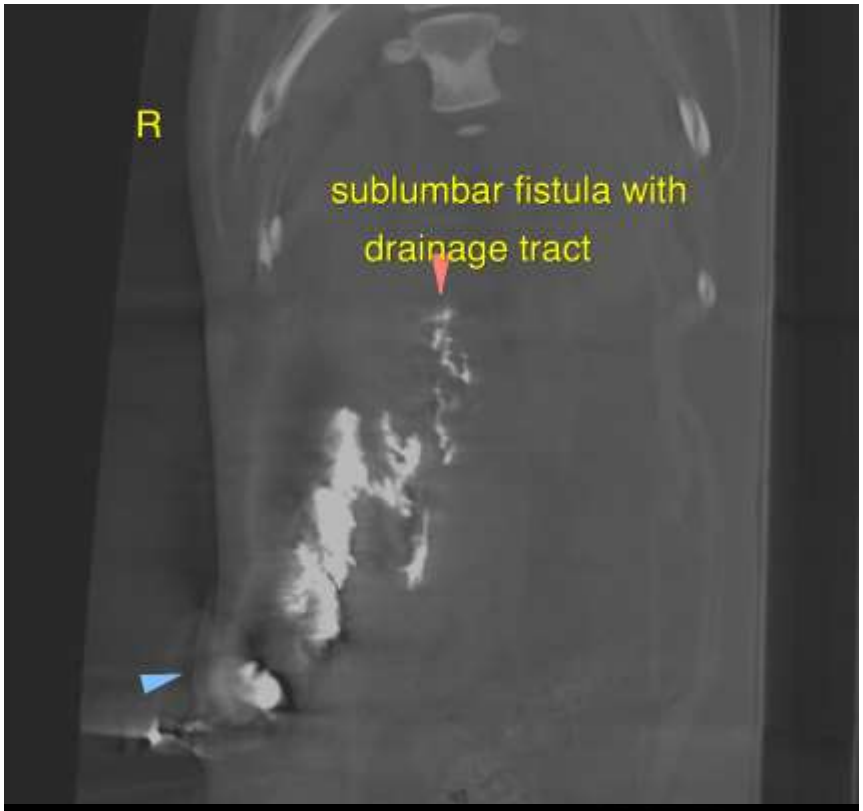

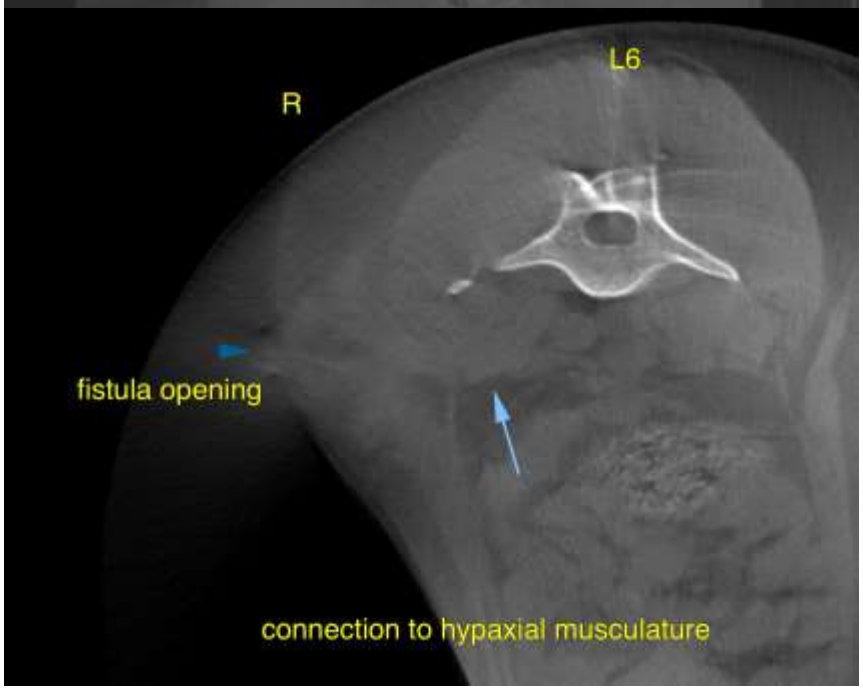

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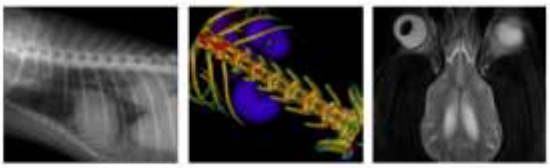

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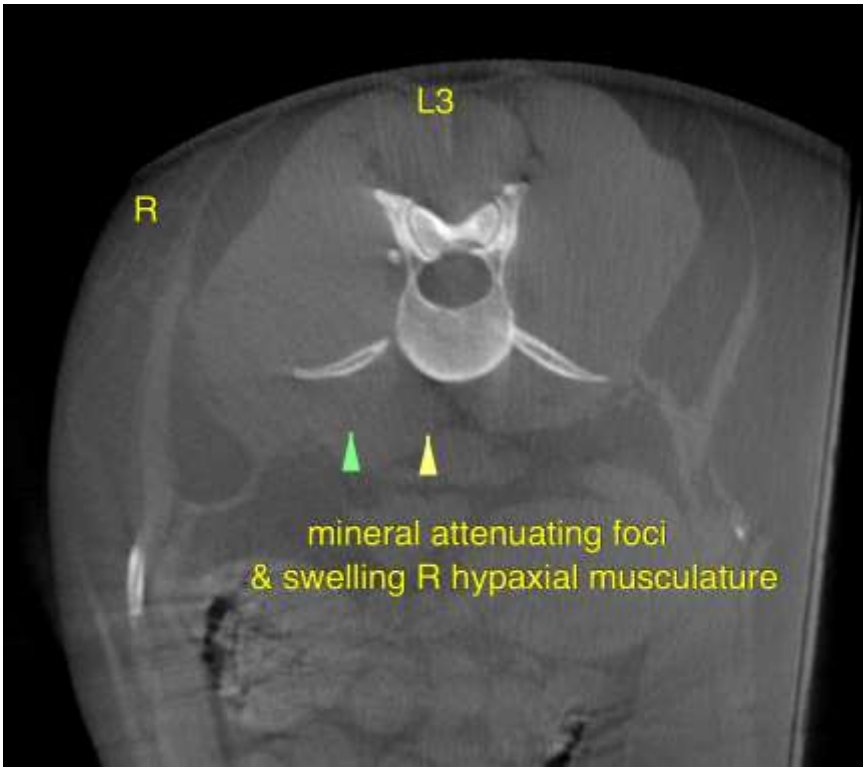

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com